

## RENEWAL APPLICATION FOR CAREER AND TECHNICAL EDUCATION CERTIFICATE/CREDENTIAL/ENDORSEMENT

Department of Career and Technical Education SFN 51688 (9/04)

State Capitol 15<sup>th</sup> Floor 600 East Boulevard Ave Dept 270 Bismarck ND 58505-0610 Phone 701-328-3180 y pursuant to Fax 701-328-1255

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for identification purposes.]

Name Social Security Number Address City, State Zip Code Work Number **Email Address** Home Number Are you employed in, or being considered for, a teaching position in an approved Career and Technical Education program? Yes (If yes, please list school/institution, program area and administrator's name below) School/Institution Program Area Administrator Renewal is requested for: Agriculture Education Family & Consumer Sciences Occupational Special Needs Technology Education **Business & Office Technology** Health Careers Trade, Industry, Technical Career Development Information Technology **Diversified Occupations** Marketing Education Career Clusters Attach copies of college transcripts, current teaching certificates and/or licenses, or \*counseling credential, if applicable.

## TRAINING VERIFICATION

Any non-college credited in-services Attach completion certificate				
Name of Training Session		Session Provider		
Location of Session	Date Attended		Hours Earned	CEU's Earned
Brief Description of Session				
Name of Training Session		Session Provider		
Location of Session	Date Attended		Hours Earned	CEU's Earned
Brief Description of Session				
Name of Training Session		Session Provider		
Location of Session	Date Attended		Hours Earned	CEU's Earned
Brief Description of Session				
Signature of Applicant				Date
Signature of Administrator				 Date